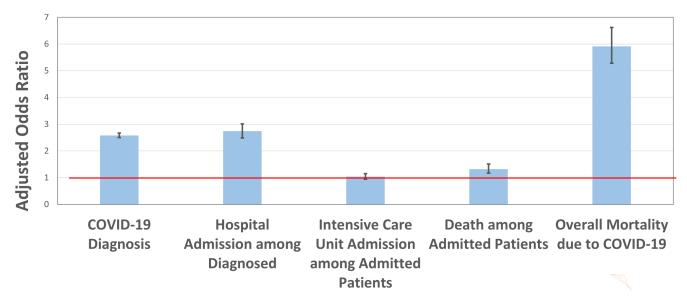
COVID-19 Risks for People with Intellectual Disabilities

Having an intellectual disability increases the risks associated with the COVID-19 virus. This may be due to a range of issues such as having increased exposure to the virus from high-contact housing or having underlying conditions that may accompany their disability. People with intellectual disabilities can protect themselves by getting the COVID-19 vaccine and following COVID-19 safety precautions such as wearing a mask and practicing physical distancing when possible.



Gleason et al., NEJM Catalyst. 2021. doi:https://doi.org/10.1056/CAT.21.0051

Why are individuals with intellectual disabilities at higher risk?

Increased Exposure to Virus

- Residence in high-contact housing
- Regular contact with home-care support personnel
- Use of shared transportation
- Mask-wearing for long periods may be challenging

Increased Vulnerability

- Some disabilities are linked to more serious symptoms from the virus
- Underlying conditions may accompany disability
- Decreased access to appropriate health care











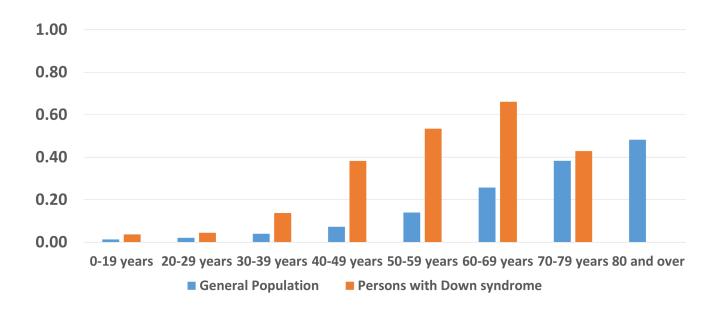
COVID-19 Risks for People with Intellectual Disabilities

What do we know about specific disabilities?

As of December 2021, the most studies regarding COVID-19 and intellectual disabilities have been done for people with Down syndrome. Individuals with Down syndrome over the age of 40 are more likely to require hospitalization, have serious illness or die from COVID-19. People with Down syndrome have symptoms similar to those in the general population – such as fever, cough and shortness of breath – however, breathing-related complications and altered consciousness or confusion may occur more often.

In December 2020, the Centers for Disease Control and Prevention (CDC) added Down syndrome to the list of high-risk conditions that increase a person's risk of becoming severely ill and needing to go the hospital if they are sick with COVID-19.

Mortality Rate after Hospitalization, People with Down Syndrome vs. General Population by Age



Hüls et al., EClinicalMedicine 33:100769, 2021









